

patients may indicate a bio-chemical change in the medulla oblongata, but has no pathogenic value. Fourth, there seems to be a relation between the existence of sugar and the eclamptic attacks, the glycosuria ceasing on their cessation. Fifth, the urine of eclamptics does not always contain albumen, nor is anasarca always present. Sixth, temperature has no essential relations with it. Seventh, the temperature, however, does not always remain the same ; sometimes it rises a few hours before an eclamptic seizure, but generally returns to normal. Eighth, the continued existence of a high temperature indicates the existence of a complication of the eclampsia. From these conclusions, Massin draws the following indications for treatment. First, the two best indications for symptomatic treatment are to combat passive congestion and diminish nervous excitability. Second, the methods of procedure most capable of fulfilling these indications are, in the first case, blood-letting, in the second, chloroform and chloral hydrate. It might well be asked whether the blood-letting did not act on the nervous system directly.—*Chicago Medical Review*, July 5, 1881.

HYDROPHOBIA AND STRYCHNINE.—A case likely to lead to interesting medico-legal discussions recently occurred at Tipton, Indiana. A rabid dog bit an old woman and her daughter. They died two weeks after from what was regarded as hydrophobia. Suspicion being accidentally awakened, investigation led to the discovery that the son-in-law of the old woman, it is claimed, had poisoned her with strychnine. He evidently seized a fortunate period for the administration of the drug, and a skilful lawyer could easily throw much doubt on the forensic circumstantial evidence against the accused.—*Chic. Med. Rev.*, October 5, 1881.

REAL AND SIMULATED EPILEPSY.—Gottardi (*Giornale di Medicina Militare*) examines carefully the diagnostic points given by various authors, and comes to the following conclusions: Tactile sensibility, as determined by Weber's compass, immediately after the epileptic attack, is of no value as a means of diagnosis. Permanent alterations of the fundus of the eye are most frequent in cases presenting asymmetry of the face and skull, already recognized by Voisin, Müller, Dumas, and Hasse. During the attack, and better still after the attack, temporary alterations occur in the vascularization of the fundus of the eye, or, isolatedly, of the

central vessels of the retina. These alterations are, however, of no value as a means of diagnosis in cases of simulated epilepsy, as they occur under the influences of other causes. The temperature, Gottardi (in full accord with the results of Charcot, Bourneville, and Jaccoud) finds to be markedly lower after an attack, a conclusion with which other observers are very likely not to agree. The sphygmographic traces obtained by Gottardi corroborate those obtained by Voisin. In epileptics, after the attack, the mean pulse is, according to Gottardi, lower than normal, remaining for a time stationary, then rising to normal. He regards this as characteristic of the disease. It is obvious, however, that the simulation of epilepsy by a neurotic individual is a somewhat difficult matter to detect.—*Chicago Medical Review*, June 20th.

The following are the titles of some of the recent papers on the pathology of the nervous system and mind.

LEPINE, R.: Sur l' epilepsie congestive, *Revue de Médecine*, June.
LANGHANS, T.: Ueber Höhlenbildung im Rückenmark als Folge von Blutstauung, *Virchow's Archiv*, lxxxv, i, 1880. ISRAEL, OSCAR: Schussverletzung der grossen Armennerven mit nachfolgender Atrophie der Extremität, *Ibid.* SEGUIN, E. C.: Clinical lecture on hemiplegic epilepsy, *Boston Med. and Surg. Journ.*, July 21st. WALTON, GEO. L.: The reflexes; notes from one of Professor Erb's lectures on the diagnosis of diseases of the nervous system, Leipzig, *Ibid.*, Aug. 4th. BECHTEREN, W.: Ueber die klinischen Erscheinungen des Symptoms von combinirter Abweichung der Augen und des Kopfes bei Affectionen der Gehirnrinde., *St. Petersb. Med. Wochenschr.*, Nos. 12 and 13; and der Einfluss der Hirnrinde auf die Körpertemperatur, *Ibid.*, No. 25. LIZE, D.: Sur quelques symptomes laryngobronchiques de l' ataxie locomoteur progressive, etc., *L' Union Méd.*, No. 100. BERTHOLLE and CH. ELOY: Observation d' hydrophobie rabique, *Ibid.*, No. 111. DE JONGE, D.: Ueber einen Fall von sogenannter Compressions myelitis mit hochgradiger Steigerung des Tastsinnes der gelähmten Unterextremitäten, *Deutsche Med. Wochenschr.*, No. 35. UNVERRICHT: Beitrag zur Lehre von partiellen Epilepsie, *Ibid.* BASSI, UGO: Contributo allo studio dei fenomeni postemiplegici; emiatassia postemiplegica, *Lo Sperimentale*, July. JOHNSON, ANNA H.: Neurasthenia, *Phila. Med. Times*, Aug. 27th. REICHERT, E. T.: Convulsions due to depression of spinal reflex-inhibitory centres, with special reference to the convulsions of